Printed name of parent, guardian, or custodian		
Current legal custodian of child(ren)		
Address (number and street, city, state, ZIP code) of parent, guardian, or custodian		
Name of child involved	Relationship to child	
Name of child involved	Relationship to child	
Name of child involved	Relationship to child	
To list additional children, use additional forms.		
DADENT CHARDIAN OR CHETODIAN		
PARENT, GUARDIAN, OR CUSTODIAN		
I am the parent, guardian, or custodian of a minor child(ren) alleged to be a victim, witness, or perpetrator of child abuse or neglect and have been informed that the Indiana Department of Child Services is conducting an investigation of the allegations in accordance with Indiana Code 31-33-2-3. I give my consent for the above-mentioned child(ren) to be interviewed by a representative of the Indiana Department of Child Services as part of the investigation of these allegations.		
You are hereby advised that the Department of Child Services wishes to obtain a statement from your child(ren) related to this investigation, and the information obtained may be used in legal proceedings.		
Subject to any pre-interview agreement regarding terms/conditions of the interview, decisions regarding:		
(1) the location of the interview; and		
(2) the attendance of the parent/guardian/custodian or any other individual during the interview is at the discretion of the investigating agency.		
Be advised that if you do not allow the child(ren) to be interviewed, the Department of Child Services may seek a court order requiring you to allow access to the child for the purpose of conducting an interview.		
I acknowledge that I have been advised of the contents of this document, and I understand the provisions of this consent as stated above.		
I am willing to allow my child(ren) identified in this consent to be interviewed and examined at this time.		
Printed name of parent, guardian, or custodian		
Signature of parent, guardian, or custodian		Date (month, day, year)
Printed name of DCS representative		
Signature of DCS representative		Date (month, day, year)